

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589378

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7		1		1		
8		3		3		
9		3		3		
10		3		3		
11		3		3		
12		3		3		
13		3		3		
14		3		3		
15		2		2		
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20		2		2		
21		2		2		
22		2		2		
23		2		2		
24		2		2		
25		2		2		
26		0		0		
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50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	64	←		←
TOTAL CLAIMS			70			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						